

DRAFT FEDERAL FINANCIAL REPORT

(Follow form instructions)

***** THIS REPORT CONTAINS RECORDS THAT HAVE NOT YET BEEN APPROVED BY DOE *****

1. Federal Agency and Organizational Element to Which Report is Submitted National Energy Technology Laboratory (NETL)		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) EE0000959		Page 1	of 1 pages
3. Recipient Organization (Name and complete address including Zip code) City of Arlington 101 S. Mesquite Street #420, Arlington, TX 760043231					
4a. DUNS Number 068378231	4b. EIN 756000450	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 418608		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) 10/01/2009 To: (Month, Day, Year) 09/30/2012				9. Reporting Period End Date (Month, Day, Year) 03/31/2011	
10. Transactions				Cumulative	
<i>(Use lines a-c for single or multiple grant reporting)</i>					
Federal Cash (To report multiple grants, also use FFR Attachment):					
a. Cash Receipts				\$800,594.88	
b. Cash Disbursements				\$800,594.88	
c. Cash on Hand (line a minus b)				\$0.00	
<i>(Use lines d-o for single grant reporting)</i>					
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized				\$3,428,100.00	
e. Federal share of expenditures				\$800,594.87	
f. Federal share of unliquidated obligations				\$2,627,505.13	
g. Total Federal share (sum of lines e and f)				\$3,428,100.00	
h. Unobligated balance of Federal funds (line d minus g)				\$0.00	
Recipient Share:					
i. Total recipient share required				\$0.00	
j. Recipient share of expenditures				\$13,500.00	
k. Remaining recipient share to be provided (line i minus j)				\$(13,500.00)	
Program Income:					
l. Total Federal program income earned				\$0.00	
m. Program income expended in accordance with the deduction alternative				\$0.00	
n. Program income expended in accordance with the addition alternative				\$0.00	
o. Unexpended program income (line l minus line m or line n)				\$0.00	
11. Indirect	a. Type	b. Rate	c. Period From Period To	d. Base	e. Amount Charged
		%			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S.Code, Title 18, Section 1001)					
a. Typed or Printed Name and Title of Authorized Certifying Official Carol Griffith				c. Telephone (Area Code, number and extension) (817) 459-6545	
				d. Email address carol.griffith@arlingtontx.gov	
b. Signature of Authorized Certifying Official /* signed electronically */				e. Date Report Submitted (Month, day, Year) 04/27/2011	
				14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

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